



Prof. Marc Gelkopf

Nonmedication Smoking Reduction Program for Inpatients With Chronic Schizophrenia: A Randomized Control Design Study (Gelkopf et al., 2012; JNMD)

People with schizophrenia are more likely to smoke, and to smoke more frequently, than those without schizophrenia. Furthermore, inpatients smoke even more frequently than those living in the community. In light of this, we implemented and assessed a smoking reduction intervention using a wide array of behavioral group techniques and methods in chronic hospitalized schizophrenic clients. Using a controlled design, we randomly assigned chronic schizophrenic clients to either a five-session smoking reduction intervention (n = 35) or a waiting list (WL; n = 18). We assessed self reported smoking behavior, clinical status (Positive and Negative Syndrome Scale, Hamilton Rating Scale for Depression; Clinical Global Impression Scale for Psychosis), subjective quality of life (QOL Enjoyment and Satisfaction Questionnaire, and weight before and 3 months after the intervention. The intervention successfully reduced the number of cigarettes smoked compared with nonintervention. No clinical worsening or weight gain was observed. Behavioral group oriented smoking reduction interventions can significantly reduce smoking behavior in hospitalized chronic clients with schizophrenia





Carmit-Noa Shpigelman, Ph.D. Online Support and Disabilities



BACKGROUND:

Recently, researchers have focused on the benefits of e-mentoring, which is considered to be a variant of online support, for young people with disabilities, such as greater access to sources of information and social and emotional support. E-mentoring relationships might also become ineffective when problems relating to one another are raised. These problems can lead to the premature termination of a relationship, feelings of disappointment, or regret. Although negative experiences are certainly a component of all human interactions, researchers have not yet explored unsuccessful e-mentoring relationships, i.e., mentors and mentored individuals who withdraw from an e-mentoring program.

STUDY AIMS

- To explore differences between two types of e-mentoring relationships (unsuccessful vs. successful) in terms of communication, relationship dynamics, and the issues discussed.
- To produce a list of preconditions for successful e-mentoring programs aimed at youth with disabilities.

METHOD

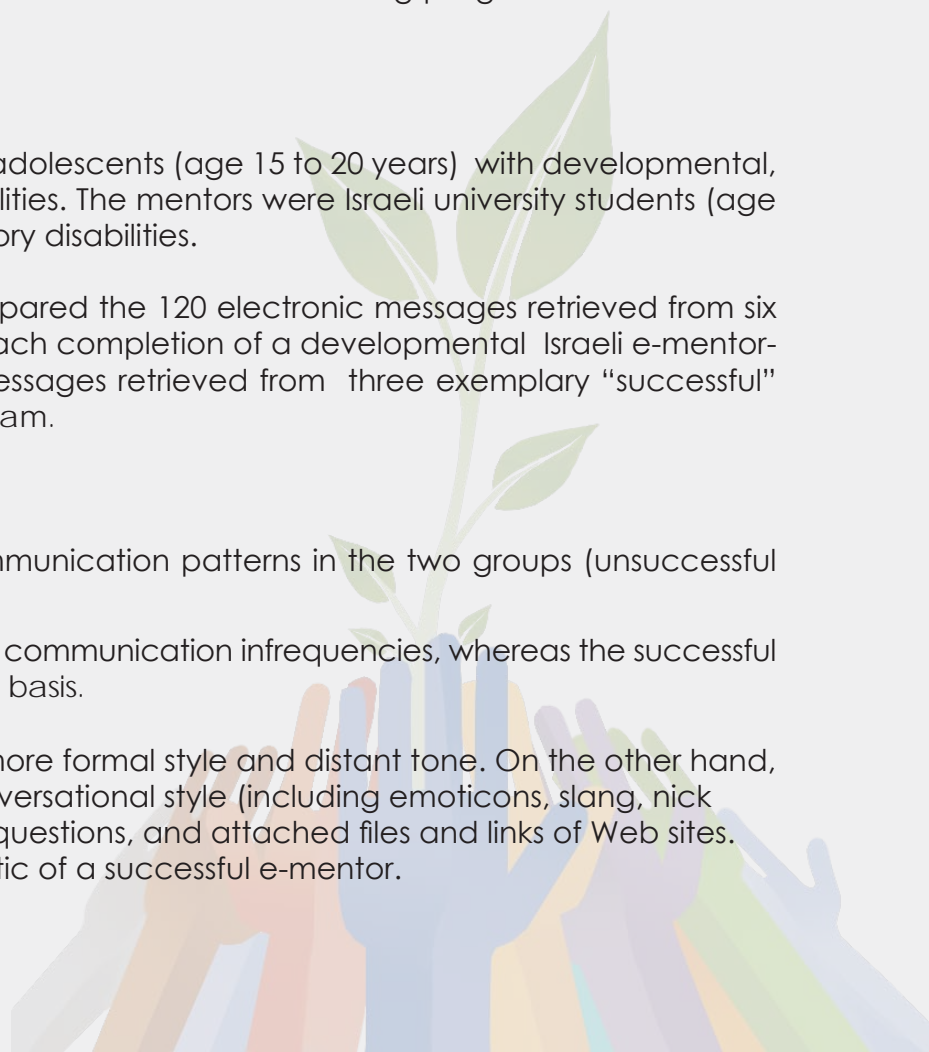
The mentored students were Israeli adolescents (age 15 to 20 years) with developmental, emotional and/or behavioral disabilities. The mentors were Israeli university students (age 22 to 28 years) with physical or sensory disabilities.

Using qualitative methods, we compared the 120 electronic messages retrieved from six “unsuccessful” pairs who did not reach completion of a developmental Israeli e-mentoring program with 328 electronic messages retrieved from three exemplary “successful” pairs who fully completed the program.

RESULTS

The findings revealed different communication patterns in the two groups (unsuccessful and successful):

- The unsuccessful pairs experienced communication infrequencies, whereas the successful pairs communicated on a frequent basis.
- The unsuccessful mentors used a more formal style and distant tone. On the other hand, the successful mentors used a conversational style (including emoticons, slang, nick names, and humor), asked direct questions, and attached files and links of Web sites. Creativity was a major characteristic of a successful e-mentor.





CONCLUSIONS

Three components are especially critical in a developmental e-mentoring process for youth with disabilities:

- Mentor's characteristics: Having prior experience and success in helping roles and text-based communication .
- Occasional real-time or "live" communication that includes synchronous online communication and/or face-to-face meetings to enhance the sense of connection.
- Disability identity encompassing self-awareness and acceptance of self and others with disability.

REFERENCES

Shpigelman, C. N., & Gill, C. J. (2013). The characteristics of unsuccessful e-mentoring relationships for people with disabilities. *Qualitative Health Research*, 23(4), 463 – 475.





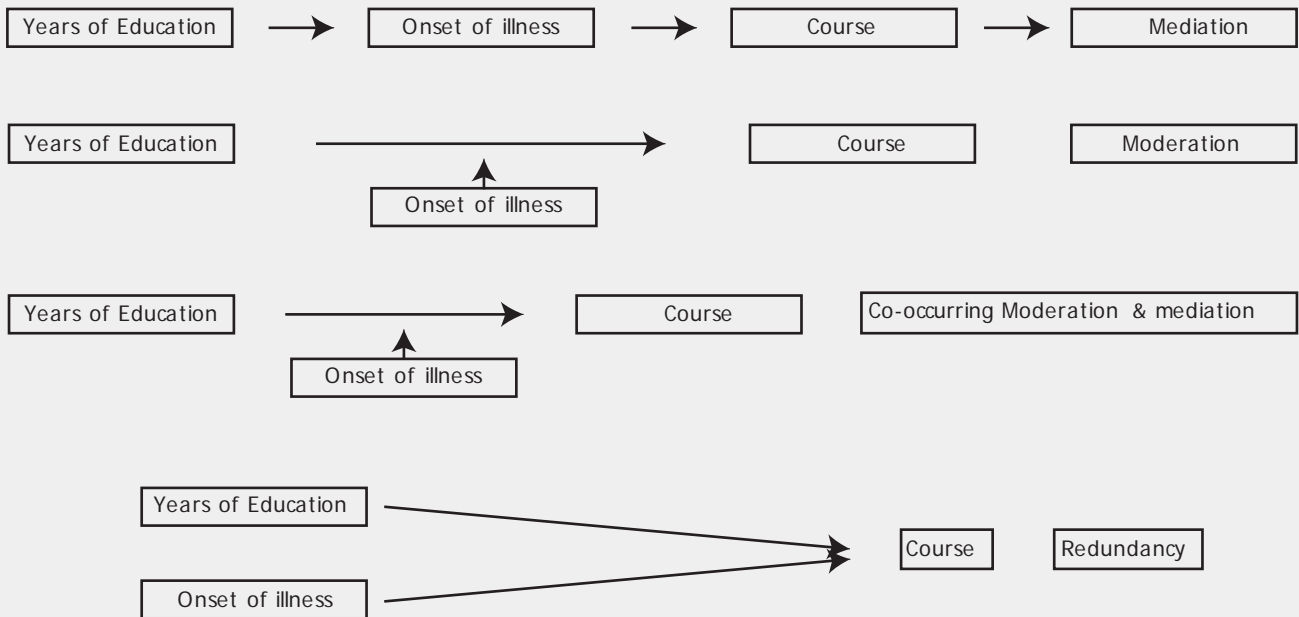
Prof. Stephen Z Levine

Competing explanations illustrated

BACKGROUND

- The relationship between age of onset, years of education and the course of schizophrenia is unclear.
- Competing explanations include:
 - 1. Mediation - years of education effects onset that consequently predicts the course.**
School dropout is due to poor premorbid functioning leading to earlier onset that results in a poor course.
 - 2. Moderation - the relationship between years of education and course of illness depends on age of onset.**
Education and onset interact to effect the course.
 - 3. Moderation and mediation co-occur.**
Years of education directly and indirectly effects the course, through age of onset.
 - 4. Redundancy is an excluded explanation.**
Age of onset and education predict the course but both relate to prognosis and are highly correlated.
- Objective. To explore competing possible relationships between years of education, age of first hospitalization, & the course of schizophrenia in a national population based cohort.





COHORT

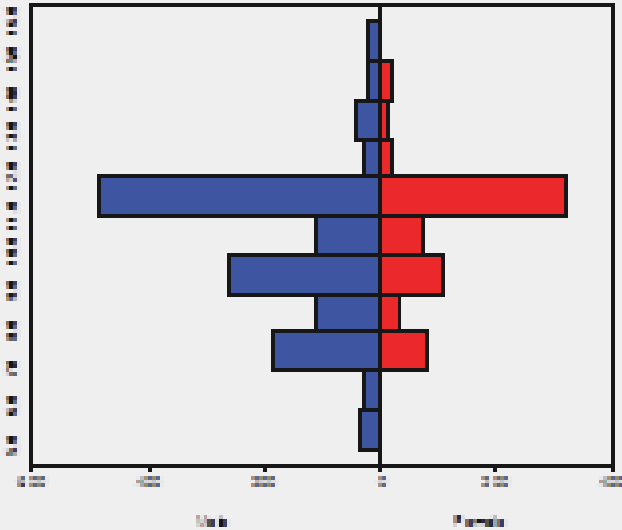
- All 2,135 first admission patients with schizophrenia in Israel from 1988 to 1992 and their subsequent readmissions until 1996 were followed in the National Psychiatric Case Registry.
 - Patient diagnosis according to the ICD-9.
 - Registry diagnoses are (a) consistent over time and (b) Show agreement with research diagnoses (1, 2).
- Males 62.5%.
- All patients had at least 4 years of follow-up

ANALYTIC PLAN

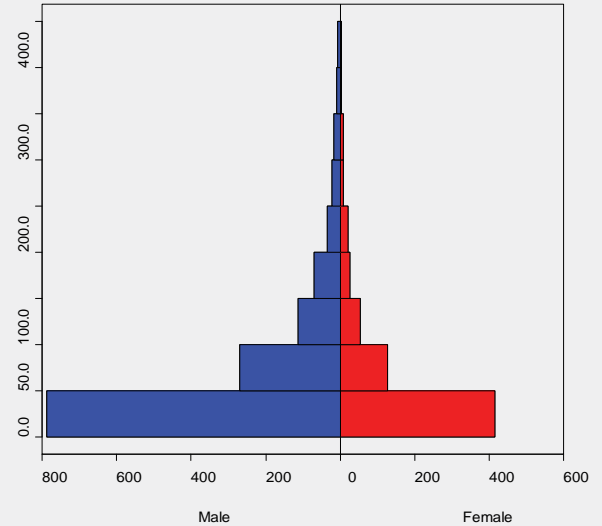
- Predictors - years of education, age of first hospital admission
- Outcomes - length of first hospitalization, whether or not the person had more than one hospital admission, average number of days per year in hospital, and number of hospital admissions per illness year as used elsewhere.
- Analyses Stratified by sex
- Entry and hierarchical moderated Regression models were conducted to predict age of first hospitalization as a function of years of education.



RESULTS



Years of formal education distributions by sex



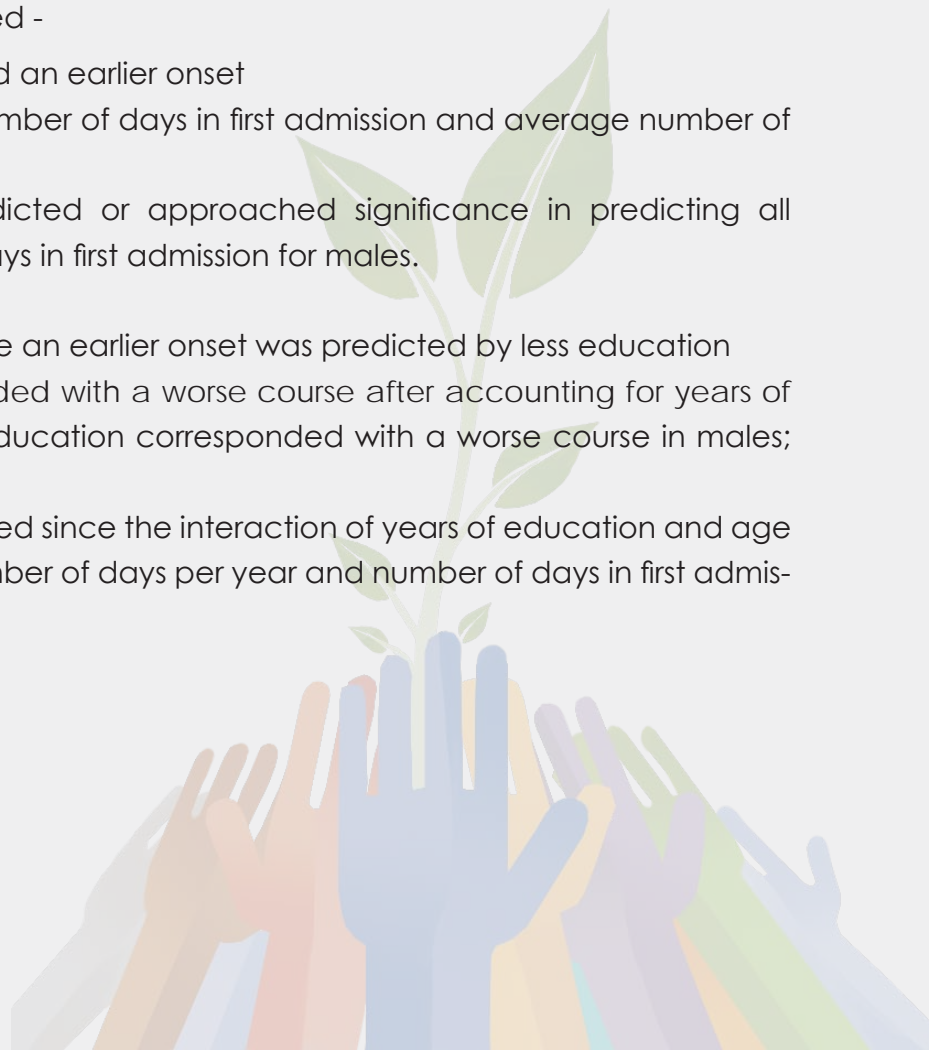
Average number of days per year by sex

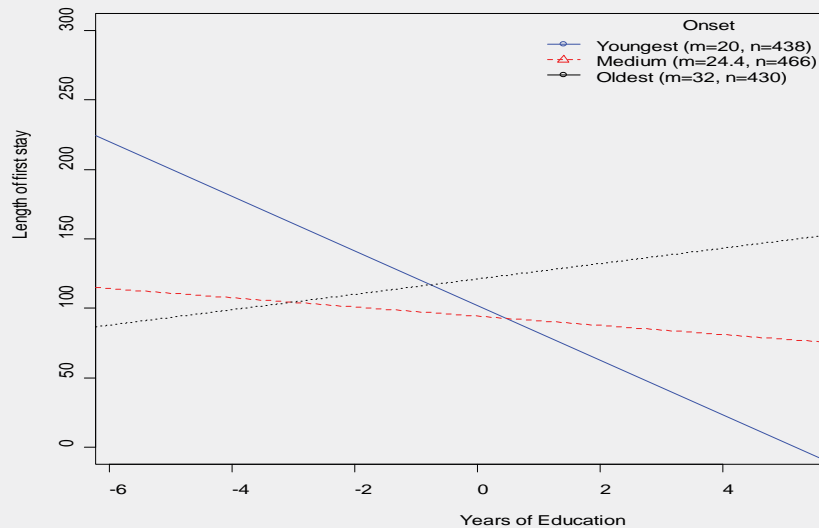
Statistically significant results included -

- 1) Less years of education predicted an earlier onset
- 2) Years of education predicted number of days in first admission and average number of days per year for males only.
- 3) Age of onset significantly predicted or approached significance in predicting all outcomes, except for number of days in first admission for males.
- 4) This suggested that

- Mediation was supported since an earlier onset was predicted by less education a younger age of onset corresponded with a worse course after accounting for years of education and that less years of education corresponded with a worse course in males; and

- Moderation was partly supported since the interaction of years of education and age of first hospitalization predicted number of days per year and number of days in first admission for males only.



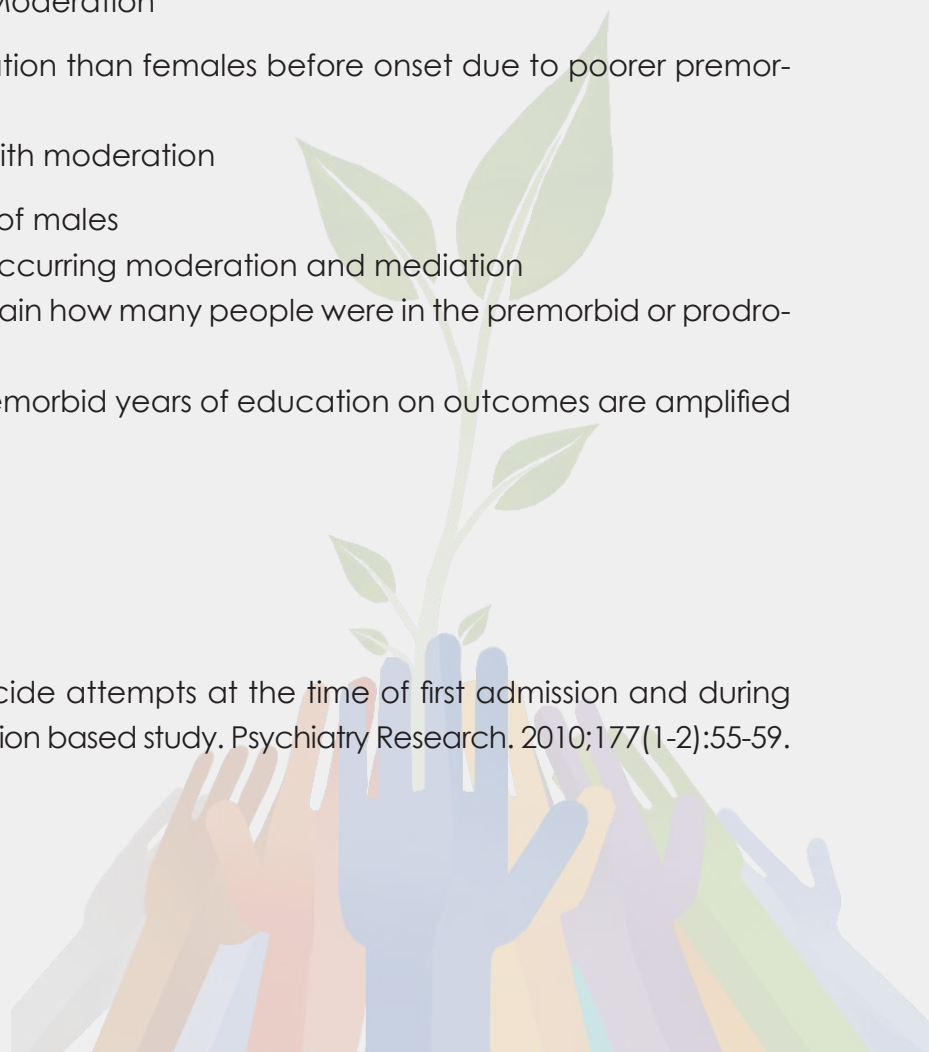


LIMITATIONS AND CONCLUSIONS

- Relationship between years of education and course is moderated in early onset, among males
 - Findings are partly consistent Moderation
- Perhaps males achieve less education than females before onset due to poorer premorbid functioning.
 - Findings are partly consistent with moderation
- Years of education predicts onset of males
 - Collectively partly support co-occurring moderation and mediation
 - Limitation. Not possible to ascertain how many people were in the premorbid or prodromal phase
 - Summary. The effects of less premorbid years of education on outcomes are amplified among males with an earlier onset.

REFERENCES

Levine SZ, Bakst S, Rabinowitz J. Suicide attempts at the time of first admission and during early course schizophrenia: A population based study. *Psychiatry Research*. 2010;177(1-2):55-59.





Prof. David Roe

Narrative Enhancement and Cognitive Therapy (NECT) Effectiveness: A Quasi-Experimental Study

David Roe,¹ Ilanit Hasson-Ohayon,² Michal Mashiach-Eizenberg,³ Oren Derhy,⁴ Paul H. Lysaker,⁵ and Philip T. Yanos ⁶ in press - Journal of Clinical Psychology

OBJECTIVE

Accumulated evidence suggests that approximately one third of people with a serious mental illness (SMI) experience elevated self-stigma. Narrative enhancement and cognitive therapy (NECT) is a structured group-based intervention aimed to reduce self-stigma. The current study aims to examine the effectiveness of NECT. A quasi-experimental design.

DESIGN

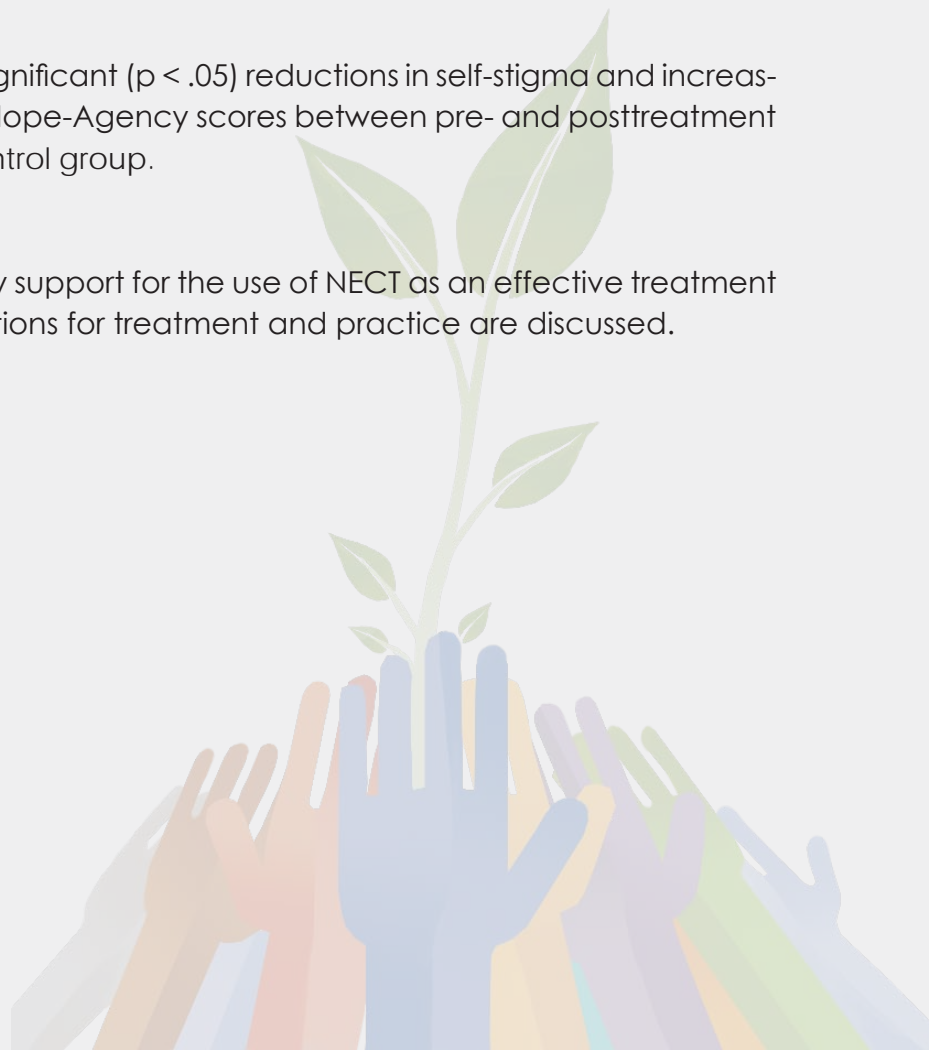
Baseline and follow-up data were collected and outcomes were compared between 63 persons with SMI who participated in NECT and 56 persons who received treatment as usual.

RESULTS

The NECT treatment group showed significant ($p < .05$) reductions in self-stigma and increases in self-esteem, quality of life, and Hope-Agency scores between pre- and posttreatment assessments, compared with the control group.

CONCLUSIONS

The current results provide preliminary support for the use of NECT as an effective treatment to reduce self-stigma and its implications for treatment and practice are discussed.





Prof. Hanoch Yerushalmi

The recovery approach to rehabilitation: Implementation in supervision

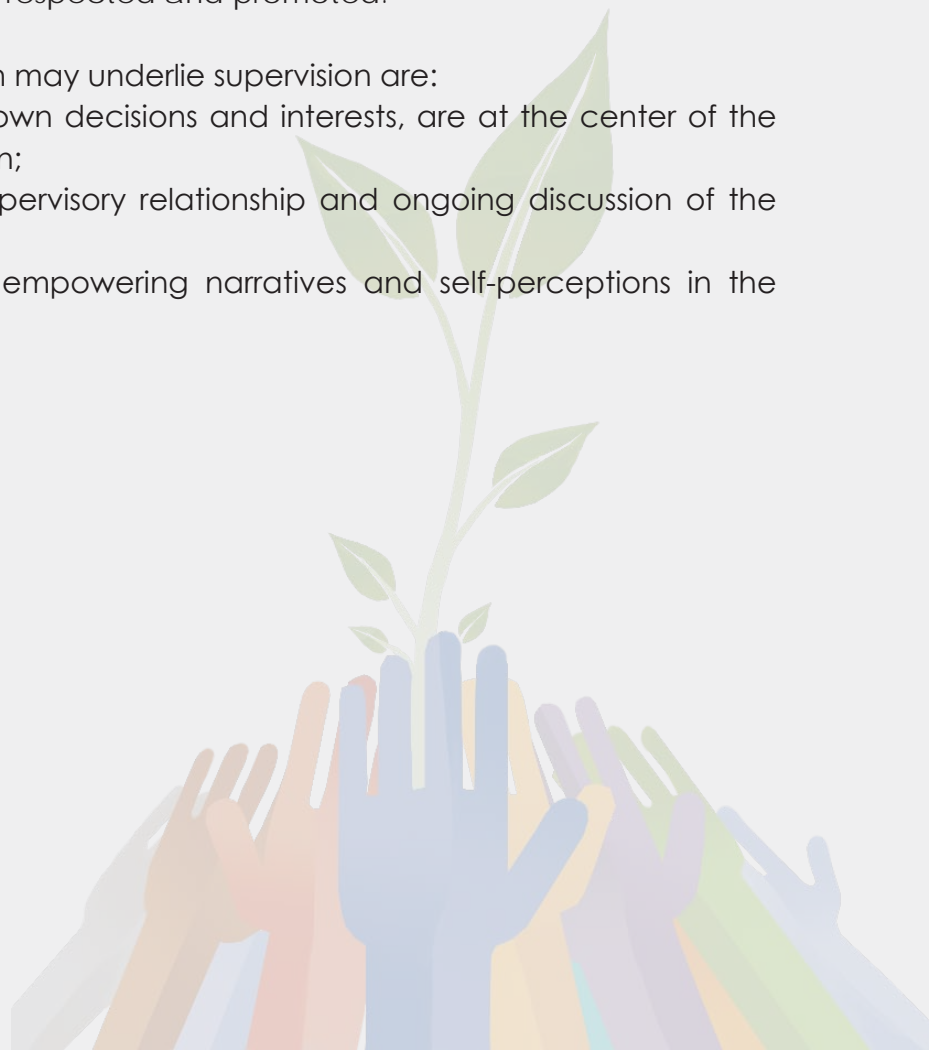
Yerushalmi, H., & Lysaker, P. (2013). The recovery approach to rehabilitation: Implementation in supervision. *Journal of Social Work Practice*,
<http://dx.doi.org/10.1080/02650533.2013.828277>

The recovery approach to psychiatric rehabilitation has introduced a new set of challenges, enabling consumers to set goals and redefine their role in obtaining them. This has revolutionized the management of the relationship between service providers and consumers. In the present paper, we suggest that one of the important ways to supervise professionals interested in internalizing the recovery approach is to implement its major principles in the supervision work itself.

The paper draws on intersubjective therapy concepts and guiding principles, which emphasize the development of the professional–consumer relationship in which the consumers' sense of agency can be respected and promoted.

The principles we suggest here which may underlie supervision are:

- (1) clients or supervisees, with their own decisions and interests, are at the center of the rehabilitation therapy and supervision;
- (2) mutuality in the rehabilitative/supervisory relationship and ongoing discussion of the interactants' power and authority;
- (3) the promotion of positive and empowering narratives and self-perceptions in the process of rehabilitation/supervision.





Talya Greene, Ph.D.

The role of ex-POWs' PTSD symptoms and trajectories in wives' secondary traumatization

Greene, T., Lahav, Y., Bronstein, I., & Solomon, Z. (Under review). *Journal of Family Psychology*

BACKGROUND

'Secondary traumatization' (ST) describes the phenomenon whereby those in proximity to trauma survivors develop psychological distress symptoms. The current study aims to examine secondary trauma (ST) in wives of ex-POWs, investigating the role of husbands' posttraumatic stress disorder (PTSD) symptoms and PTSD trajectories.

METHOD

Wives of Israeli former prisoners of war (ex-POWs) from the 1973 Yom Kippur War were compared with wives of a matched control group of non-POW Yom Kippur War combat veterans (CVs) on a number of self-report measures (posttraumatic stress symptoms (PTS), general psychiatric symptomatology, functional disability, self-rated health and social functioning). The wives were divided into groups based on their husbands' current PTSD status and PTSD trajectory (i.e., chronic, delayed, resilient) and their outcomes were compared. In addition, two mediation analyses were conducted to investigate whether husbands' PTSD symptoms mediated the association between husbands' captivity and wives' PTS and general psychiatric symptomatology.

RESULTS

- Wives of ex-POWs with PTSD reported significantly higher distress symptoms than wives of ex-POWs without PTSD, and wives of non-POW combat veterans.
- Wives of ex-POWs with chronic PTSD reported the highest levels of distress
- The relationships between husbands' captivity, and wives' PTS and general psychiatric symptoms were fully mediated by the husbands' PTSD symptoms.

CONCLUSIONS

These findings support previous findings that wives of traumatized ex-POWs constitute a high risk group for secondary trauma. They also suggest that longer duration of exposure to a partner with PTSD increases the risk for ST.

